birth cert
Sept 27
1 AM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a) tr

10977

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico Co. P. G. Hospital

City or town: Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Deals Island Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Abbott Wm Albert

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 27, 1940

8. AGE: Years | Months | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Deals Island, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: John Abbott
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Maggie Abbott
15. Birthplace: Deals Island Md

16. Informant: John Abbott

Address: Deals Island Md

17. Burial: Deals Island (Burial, cremation, or removal. Which?) Date thereof: Oct 24-1940 (month) (day) (year)

Cemetery or crematory: St John's M.E.

Location: Deals Island Md

18. Funeral director: L. G. Webster

Address: Deals Island Md

19. 10/24 1940 Harriet E. Johnson Social Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 23 1940 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Oct 23 1940 and that I last saw him alive on Oct 22 1940.

Immediate cause of death: diarrhea — DURATION: 10 days

Due to: malnutrition — 10 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Murrell M.D. M. D. or other

Address: Salisbury Date signed: Oct 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10978

1. PLACE OF DEATH (46-E)

County Wicomico Registration Dist. No. 335

Village or City Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clovis Baker If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Social Security # 215-12-6878

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna O. Baker

6. DATE OF BIRTH (month, day, and year) April 8-1871

7. AGE Years 69 Months 6 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Brick Mason

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 0399

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) R. I.

FATHER

13. NAME Charles Baker

14. BIRTHPLACE (city or town) (State or country) R. I.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Allen Baker (Address) Sharptown

18. BURIAL, CREMATION, OR REMOVAL Place Firemans Date Oct 12, 1940

19. UNDERTAKER Graveno Bros (Address) Sharptown Md

20. FILED Oct 12, 1940 Mary R. Banks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1940, to Oct 10, 1940

I last saw him alive on Oct 10, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma / Colon

Date of onset 2

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Kuhlman M. D.

(Address) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 6 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1940)

CERTIFICATE OF DEATH

10979

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, institution, or street address where death occurred: P.B. Hoyt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 203 E. Locust st.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: David allen Banker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Baby

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 15 - 1940

8. AGE: Years | Months: 3 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: P.B. Hoyt. Salisbury Md
(Town, county, and state)

10. Usual occupation:
11. Industry or business:

FATHER
12. Name: Denwood Banker
13. Birthplace: Fruitland Md

MOTHER
14. Maiden name: Clara Hastings
15. Birthplace: Salisbury Md

16. Informant: Denwood Banker
Address: 203 E. Locust St Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 10 - 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md

18. Funeral director: Holloway Hr Walter R. Holloway
Address: Salisbury md

19. 10/10 19 40 Carrie E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 9 - 1940 19 (4.45a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8, 1940, to Oct. 8 1940.
and that I last saw h.i.m. alive on Oct 8, 1940.

Immediate cause of death	DURATION
Pneumonia	
Due to: ?	
Due to:	
Other conditions: Enteritis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. John H. Seaman M. D. or other
Address: 221 Camden Ave Date signed: 10-10-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10980

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 days
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Rural near Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: J. H. Beauchamp, Tubman Francis
3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Viola Beauchamp
6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Oct. 16, 1883

8. AGE: Years	Months	Days	If less than one day
56	11	16	hrs. min.

9. Birthplace: Somerset County Md (Town, county, and state)
10. Usual occupation: Gen. Merchant
11. Industry or business
FATHER 12. Name: Tubman Beauchamp
FATHER 13. Birthplace: Somerset County Md.
MOTHER 14. Maiden name: Priscilla Long
MOTHER 15. Birthplace: Somerset County Md.
16. Informant: Mrs. Viola Beauchamp
Address: Princess Anne Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-4-40 (month) (day) (year)
Cemetery or crematory: St. Andrews
Location: Princess Anne, Md.
18. Funeral director: John A. Bradshaw
Address: Crisfield Md.
19. 10/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 2, 1940, at 1:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26th 1940, to October 2nd 1940, and that I last saw him alive on October 1st 1940.

Immediate cause of death	DURATION
Uraemia	3 days
Due to Paralytic Ileus	4 days
Due to Appendectomy	6 days
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Acute Appendicitis
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Eloise T. Feather M.D.
M. D. or other
Address: Salisbury Md. Date signed 10/4/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-B)

10981

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 da.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Blades, Mrs. Elizabeth

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Mr Luther Blades

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 1, 1858

8. AGE: Years: 82 Months: 4 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Seven Denson
13. Birthplace: ?

MOTHER
14. Maiden name: Lydia Townsend
15. Birthplace: ?

16. Informant: James Blades
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/16/40 (month) (day) (year)

Cemetery or crematory: Crisfield Cem.

Location: Crisfield Md

18. Funeral director: John A Brodshaw
Address: Crisfield Md

19. 10/13, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 13 1940, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1940, to Oct 13 1940, and that I last saw her alive on Oct 13 1940.

Immediate cause of death: Carcinoma of Urinary Bladder — DURATION: Weeks

Due to

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: R. M. Wal M. D. or other

Address: Salisbury Date signed: 10/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

10982

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 7 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury, Md. (If outside city or town limits, write RURAL and give nearest town)
Street No. R. D. V (If rural, give LOCATION)
2.(a) If veteran, name war: V

3.(a) FULL NAME: Alfred Allison Brunds

3.(b) Social Security Number: V

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Melva E. Brunds
6.(c) If alive, give age: VV years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1915.

8. AGE: Years	Months	Days	If less than one day
25	8	19	hrs. min.

9. Birthplace: Salisbury, Wicomico, Md. (Town, county, and state)
10. Usual occupation: Retail Store
11. Industry or business: Grocries

FATHER 12. Name	Augustus Brunds
FATHER 13. Birthplace	Wicomico Co. Md.
MOTHER 14. Maiden name	Hazel White
MOTHER 15. Birthplace	Wicomico Co. Md.

16. Informant: Mrs. Alfred A. Brunds.
Address: Salisbury, Md. R.D. V

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/31/40 (month) (day) (year)
Cemetery or crematory: Gibson
Location: Silyon, Md.
18. Funeral director: De Hill & Johnson Co.
Address: Salisbury, Md.

19. 10/31/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 29, 1940, at 10.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1940, to Oct 29 1940 and that I last saw h[illegible] alive on Oct 29 1940

Immediate cause of death	DURATION
Toxemia from	
multiple burns of	7 week
Due to hands, face, legs & back	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Sept 10, 1940
Where did injury occur? Near Nanticoke (City or town) Wicomico (County) Md. (State)
Injured at home, farm, industry, public place (where?): Boat on river
Means of injury: Boat caught fire and exploded Injured at work? No

23. SIGNATURE: Deputy Medical Examiner M. D. or other
Address: Salisbury Md. Date signed: Oct 31, 1940

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10983

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Rural, Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Seventy-one years

Hospital, institution, or street address where death occurred: R.P.D. No I, Salisbury

How long in hospital or institution? At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Rural, Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.P.D. Route No I, Salisbury
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Stephen Bounds

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 26, 1869

8. AGE:

Years	Months	Days	If less than one day
71	4	21	— hrs. — min.

9. Birthplace: Near Salisbury, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Jones Bounds
13. Birthplace: Near Salisbury

MOTHER
14. Maiden name: Ann Mariah White
15. Birthplace: Near Salisbury

16. Informant: Mrs. Wilmer Bounds
Address: R.P.D. No I, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 19, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Bounds Burial Grounds

Location: Near Salisbury

18. Funeral director: The Hill and Johnson Co.
Address: Salisbury, Maryland.

19. 10/19, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17, 1940, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 17 1940 and that I last saw him alive on Oct 17 1940

Immediate cause of death	DURATION
Coronary Thrombosis	10 days
Due to Hypertension	2 weeks
Due to Arteriosclerosis	3 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. O. Daisey M.D.
M. D. or other

Address: Salisbury, Md. Date signed: 9/18/40

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147-B)

CERTIFICATE OF DEATH

10984

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 days

Stay in this community (yrs., or mos., or days) 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nelson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shanie Braxton

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Braxton

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 36 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Accomac, Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Frank Peters

FATHER 13. Birthplace: Accomac Va.

MOTHER 14. Maiden name: Mary Smith

MOTHER 15. Birthplace: Accomac Va.

16. Informant: James Braxton

Address: Nelson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/7/40 (month) (day) (year)

Cemetery or crematory: Rockawalkin Cem.

Location: Rockawalkin, Md.

18. Funeral director: Mrs. C. Meyick Harris

Address: Nelson, Md.

19. 10/7 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 5, 1940, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 17 1940, to Oct 5 1940, and that I last saw he alive on Oct 4 1940.

	DURATION
Immediate cause of death: Puerperal Sepsis	18 days
Due to: Retained Placenta	1 day
Due to: Was delivered in home - sent to Hospital with retained placenta - This was delivery of Hospital	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Retained Placenta - Removed by Dr. R. M. Nock - Salisbury Md

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Hunter R. Mann M. D. or other

Address: Salisbury Md Date signed: Oct 7-40

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10985

Reg. Dist. No. 33/

1. PLACE OF DEATH:

County: Wicomico

City or town: Hebron

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)

State: Md. County: Wicomico

City or town: Hebron

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Rosalie Mary Braxton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Col.	

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 17, 1940

8. AGE: Years | Months: 1 | Days: 1 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Hebron, Wicomico Md.

(Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER — 12. Name: James Braxton

13. Birthplace: Accomac Co. Va.

MOTHER — 14. Maiden name: Elsie Peters

15. Birthplace: Accomac, Va.

16. Place: Salisbury, Md.

Cem. Salisbury Cemetery

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 19 1940 (month) (day) (year)

Cemetery or crematory: Interment. James Braxton

Address: Hebron Md.

Location

18. Funeral director: Mrs. C. Merrick Davis

Address: Hebron, Md.

19. 10/18 1940 (Date rec'd by registrar) Mrs Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1940, at unknown M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Oct. 18 1940

and that I last saw h[illegible] alive on Oct. 18 1940

Immediate cause of death	DURATION
Pneumonia	3 days
Due to: Type unknown	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE: Ira Rademaker M.D. Deputy Medical Examiner

M. D. or other

Address: Salisbury Md. Date signed 10-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

10986

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? Sept.20.1940

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. 102 lake St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ~~Elizabeth Bernau~~ Brown, Elizabeth Bernau

3. (b) Social Security Number 212-12-3926

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Francis Laird Brown

7. Birth date of deceased (mo., day, yr.): Monroe N.Y. Dec.25.1899

6.(c) If alive, give age 41 years

8. AGE: Years ~~41~~ 41 Months 9 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Monroe N.Y. (Town, county, and state)

10. Usual occupation: Saleslady In Department Store

11. Industry or business: Department Store

FATHER
12. Name: Henery Kunz
13. Birthplace: Germany

MOTHER
14. Maiden name: Louise Bernard
15. Birthplace: Germany

16. Informant: Francis Laird Brown

Address: 102 Lake St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct.20.1940 (month) (day) (year)

Cemetery or crematory: Monroe Cem.

Location: Monroe N.Y.

18. Funeral director: Holloway & Co Per. S. P. Holloway

Address: S a lisbury Md.

19. 10/17 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct.16 1940, at 9.45p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Oct 16 1940 and that I last saw her alive on Oct 16 1940

Immediate cause of death	DURATION
Diabetes mellitus	2
Due to	
Due to	
Other conditions: Staphylococcus Skin infections	2 wks

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. (M. D. or other)

Address: Salisbury Date signed Oct 17

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 26 1940
BUREAU V. S

Dec 20 - 1899 - 1+1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-t) Xw

10987

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co.
City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore T.B. Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 5 mo 1 day
Stay in this community (yrs., or mos., or days): 5 mo 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mildred Chairs

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6(b) Name of husband or wife: Howard Chairs
6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): February 5, 1902

8. AGE:

Years	Months	Days	If less than one day
38	8	4	hrs. min.

9. Birthplace: Centreville Queen Anne Co., Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Edward Collins
13. Birthplace: Centreville Md

MOTHER
14. Maiden name: Amanda Cole
15. Birthplace: Church Hill Maryland

18. Informant: deceased (on admission)
Address

17. Burial — Date thereof: Oct 12-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md

18. Funeral director: Easton Bros
Address: Centreville, Md

19. 10/10, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 9 1940, at 10.00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/8/40 19 to 10/9/40 19, and that I last saw her alive on 10/9/40 19.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Paul Chen M.D.
M. D. or other
Address: Salisbury — Date signed: 10/9/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56)

CERTIFICATE OF DEATH

10988

Reg. Dist. No. 333

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three months

Hospital, institution, or street address where death occurred: Ludlam Apts. Camden Ave,

How long in hospital or institution? Six weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No. Ludlam Apts Camden Ave,

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary Edwards Clark

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Horace M. Clark

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 18, 1888

8. AGE: Years	Months	Days	If less than one day
52	5	0	___ hrs. ___ min.

9. Birthplace Heathville, Northumberland, Virginia

(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business At Home

FATHER 12. Name William H. Edwards

13. Birthplace Virginia

MOTHER 14. Maiden name Sarah Eckerell

15. Birthplace Virginia

16. Informant Horace M. Clark

Address Ludlam Apts, Camden Ave,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 19 1940 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury, Maryland

18. Funeral director The Hill and Johnson Co.

Address Salisbury, Maryland.

19. 10/19 1940 (Date rec'd by registrar) Carrie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1940 at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Oct 18 1940

and that I last saw h[illegible]ive on Oct 16 1940

Immediate cause of death	DURATION
Carcinoma Breast	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. M. D. or other

Address Salisbury Date signed Oct. 18

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

16989

Reg. Dist. No. 332

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Wicomico
City or town: Willards
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Willards R7D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George William Davis.

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Annie S. Davis
6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): April 29, 1857.

8. AGE: Years	Months	Days	If less than one day
83.	5	25	hrs. min.

9. Birthplace: Willards R7D Wicomico, Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Farming.
FATHER 12. Name: Jesse Davis
13. Birthplace: Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Mrs. Annie S. Davis.
Address: Willards. Md. R7D.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 16, 1940 (month) (day) (year)
Cemetery or crematory: New Hope
Location: Near Willards, Md.
18. Funeral director: M. Pasha Watson
Address: Salisbury, Md.
19. Oct. 15, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 14 1940, at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1940, to date of death 19; and that I last saw him alive on date of death 19.

Immediate cause of death: Chronic myocarditis
Interstitial nephritis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Grant Lane M.D.
M. D. or other
Address: Willards Md Date signed 11-14-40

RECEIVED
NOV 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10990

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Bishopville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daye,

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day
Premature hrs. min.

9. Birthplace Wicomico Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Murray
13. Birthplace Unknown

MOTHER
14. Maiden name Pearl Daye
15. Birthplace Bishopville Md

16. Informant Mr. John Daye (father)
Address Bishopville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/31/40 (month) (day) (year)
Cemetery or crematory Near Bishopville
Location Worcester Co.

18. Funeral director John Daye
Address (acting) Bishopville Md

19. 10/30, 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 – 30 1940, at 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Premature - 6 months

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. M. [illegible] M. D. or other
Address [illegible] Date signed 10/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

10991

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Worcester

City or town: Powellville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Powellville

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: Betti A. Dennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	S

6.(b) Name of husband or wife —

6.(c) If alive, give age —

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1927

8. AGE: Years 12 | Months 9 | Days 1 | If less than one day: hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER — 12. Name: John Dennis

FATHER — 13. Birthplace: Md.

MOTHER — 14. Maiden name: Mary Mowaway

MOTHER — 15. Birthplace: Md

16. Informant: Mrs. Mary Mowaway Dennis

Address: Powellville, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 27, 1940 (month) (day) (year)

Cemetery or crematory: St. Johns

Location: Powellville Md

18. Funeral director: J. W. Burbage

Address: Berlin Md

19. Oct. 27, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25 1940 at 10 9. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Gunshot wound of head	Instantaneous
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 10/25/40

Where did injury occur? Powellville (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?): Farm house

Means of injury: Gunshot wound from rifle shot gun Injured at work? No

Fatal wound inflicted by accidental discharge of shotgun held by Lake Dennis

23. SIGNATURE: Deputy Md X-

M. D. or other

Address: Salisbury, Md. Date signed: 10/28/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 11 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10992

Reg. Diat. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or Town: Pocomoke City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or Iowo: Pocomoke City

(If outside city or town limits, write RURAL and give nearest town)

Street No.: —

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Charles J. Ebley

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	—

6.(b) Name of husband or wife:

8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 18, 1940

8. AGE: Years: | Months: 3 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Raymond Ebley

FATHER — 13. Birthplace: md

MOTHER — 14. Maiden name: Ellen Littleton

MOTHER — 15. Birthplace: md.

16. Informant: Raymond Ebley

Address: Pocomoke City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 25 1940 (month) (day) (year)

Cemetery or crematory: New Hope

Location: Willards md

18. Funeral director: J. M. Bunting

Address: Berlin Md.

19. Oct. 25, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 23, 1940 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 10 19 40 to Date of death 19..... and that I last saw him alive on Oct 20 19 40

Immediate cause of death	DURATION
a Infectious enteritis.	2 wks
Due to b Peritonitis.	3 wks.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank Lewis M. D. or other

Address: Willards Md. Date signed:

RECEIVED
NOV 11 1940
BUREAU V. S.

10993

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-e

CERTIFICATE OF DEATH

Reg. Dist. No. 321

1. PLACE OF DEATH:

County Wicomico

City or town Near Hebron Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Stelyer Elsey

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Married

B.(b) Name of husband or wife: Mabel Roberts Elsey

B.(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1907

8. AGE: Years 32 | Months 10 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Nanticoke, Wicomico Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Wesley Elsey
13. Birthplace: Nanticoke Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: John Wesley Elsey
Address: Nanticoke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/21/40 (month) (day) (year)

Cemetery or crematory: Nanticoke Cem.

Location: Nanticoke, Md.

18. Funeral director: Mrs. Ch. Messick & Sons

Address: Bivalve, Md.

19. Oct 20 1940 Mrs J. M. Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18 1940 at 11 50 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical 19 to 19 and that I last saw alive on certificate 19

Immediate cause of death: Fractured skull compound

Due to

Due to

Other conditions: Fractured mandible

(Include pregnancy within 3 months of death)

DURATION: Instant death

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 10-18-40

Where did injury occur? Hebron (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury: car struck concrete abutment & turned over Sarcoma [illegible] MD Injured at work? No

23. SIGNATURE: Deputy Med Examiner M. D. or other

Address: Salisbury, Md Date signed 10-19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10994

Reg. Dist. No. 335

1. PLACE OF DEATH:
County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 52 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William John Fletcher

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Anna Rebecca Fletcher
B.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Apr. 15 1865

8. AGE: Years	Months	Days	If less than one day
75	6	8	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation none - Retired

11. Industry or business

FATHER
12. Name John Fletcher
13. Birthplace Md

MOTHER
14. Maiden name Charlotte Lowe
15. Birthplace Md

18. Informant Harry Fletcher
Address Chestertown Md

(Burial, ~~cremation~~, ~~removal~~) Chestertown Md Date thereof Oct 27 1940
(month) (day) (year)

Cemetery or crematory Methodist Cemetery
Location Chestertown Md.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Maryland.

19. Oct 25 1940 Harry P. Banks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 3.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22 1940 to Oct 23 1940 and that I last saw h... alive on Oct 23 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days
Due to Hypertension	
Arthritis Clerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury Injured at work?

23. SIGNATURE H. D. Kuhlmann
M. D. or other
Address Chestertown Md Date signed 10/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
M. FLAIL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Sembly

10995

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 606 Delaware St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 606 Delaware St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Frazier

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col.	Married

6 (b) Name of husband or wife Cecil Frazier

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 75	—	—	hrs. min.

9. Birthplace King George Co., Va. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name William Frazier

13. Birthplace Va.

MOTHER 14. Maiden name unknown

15. Birthplace

16. Informant Cecil Frazier

Address 606 Delaware St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/27/40 (month) (day) (year)

Cemetery or crematory Houston Cem.

Location Salisbury, Md.

18. Funeral director Mrs. H. Messick & Sons

Address Hebron, Md.

19. 10/27, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22/40 1940, at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/10/1940 to 10/22 1940, and that I last saw him alive on 10/10/40 1940.

	DURATION
Immediate cause of death	
Acute Myocarditis	Few hrs.
Due to	
Influenza	10 Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. H. Sembly M. D. or other

Address Salisbury Md. Date signed 10/28/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10996

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? One day
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)
Street No. 507 Camden Ave. (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: William Bricke

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rhoda Bricke
8.(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): March 14, 1866

8. AGE: Years	Months	Days	If less than one day
74	7	2	...hrs. ...min.

9. Birthplace: Brunswick Germany (Town, county, and state)
10. Usual occupation: Private Caterer
11. Industry or business:

FATHER
12. Name: Don't know
13. Birthplace:

MOTHER
14. Maiden name: Don't know
15. Birthplace:

16. Informant: Mrs. Rhoda Bricke
Address: 507 Camden Ave, Salisbury, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Oct. 13, 1940 (month) (day) (year)
Cemetery or crematory: Crematory
Location: Salisbury
18. Funeral director: The Wells & Johnson Co.
Address: Salisbury, Maryland

19. 10/13 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13 1940 at 7:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12 1940 to Oct. 13 1940
and that I last saw h.im alive on Oct. 12 1940

Immediate cause of death	DURATION
Coronary thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James K. Rose M.D.
M. D. or other
Address: 418 Camden Ave Salisbury, Md. Date signed: Oct 13, 1940.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-21)

10997

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Fruitland md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days): no
Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: wicomico
City or town: Fruitland md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John H Gale

3. (b) Social Security Number: Don't know

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	widower

6 (b) Name of husband or wife: Florence Gale
6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): Sept 15 1940

8. AGE:

Years	Months	Days	If less than one day
72	1	11	hrs. min.

9. Birthplace: Chance md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no
FATHER 12. Name: George Gale
13. Birthplace: Chance md
MOTHER 14. Maiden name: Hester Elzy
15. Birthplace: Pantico md
16. Informant: Naomi F Williams
Address: Fruitland md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 29 1940 (month) (day) (year)
Cemetery or crematory: Mt Calvery
Location: Fruitland Md
16. Funeral director: James H. Stewart
Address: Salisbury md
19. (Date rec'd by registrar) 10/29 1940 Florine E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 27, 1940, at 1 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1940, to Oct. 27, 1940, and that I last saw him alive on Oct. 24, 1940.

	DURATION
Immediate cause of death: Chronic Interstitial Nephritis	Unk
Due to: Arteriosclerosis	Unk
Other conditions: Hypertension	Unk

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: G H Bewley M. D. or other
Address: Salisbury md Date signed: 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

10998

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 years
Hospital, Institution, or street address where death occurred: R.D. #1.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. #1.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Hattie E. Glasgow

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William W. Glasgow
6.(c) If alive, give age: 74 years
7. Birth date of deceased (mo., day, yr.): Dec. 16-1871

8. AGE: Years: 68 | Months: 10 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Columbus, Kansas (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home

FATHER
12. Name: William Kirk
13. Birthplace: Ill.

MOTHER
14. Maiden name: Martha Allen
15. Birthplace: Iowa

16. Informant: Mr. William W. Glasgow
Address: R.D. #1. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 20-1940 (month) (day) (year)
Cemetery or crematory: Mullen Cem.
Location: R.D. Nearest County Line St. Luke Church
18. Funeral Director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland.

19. 10/20/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18. 1940 (4.40 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 19.40, to Oct 18 19.40
and that I last saw h[illegible] alive on Oct 18 19.40

Immediate cause of death	DURATION
Carcinoma of Stomach	1 yr
Intestinal Obstruction	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles T. Brown M.D. M. D. or other
Address: Salisbury Md. Date signed 10/19/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C) CB

10999

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County Salisbury

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kilmud on Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Delmar Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank W. Gordy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jessie Gordy

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Sawer in Steamill

11. Industry or business

FATHER

12. Name: Peter Gordy

13. Birthplace: Delaware

MOTHER

14. Maiden name: Rebecca Collins

15. Birthplace: Delaware

16. Informant: Dawson Gordy

Address: Delmar Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/23/40 (month) (day) (year)

Cemetery or crematory: Lewis Church 10-23-1940

Location: Wicomico County Maryland

18. Funeral director: ~~H B H~~ Glen W. Burbage

Address: Berlin Md

19. 10/21, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1940, at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Medical examiner's certificate

Immediate cause of death: Crushed Chest

DURATION: Instant death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 10-19-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Street in Salisbury

Means of injury: Struck by hit-and-run. Injured at work? No

23. SIGNATURE: J. A. Radenaker M.D. Deputy Medical Examiner M. D. or other

Address: Salisbury, Md Date signed 10/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

11000

Reg. Dist. No. 338

1. PLACE OF DEATH:

County: Wicomico

City or town: Hebron, Md. R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Hebron, Md. R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Margaret Sheppard (Gorham)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	✓ Single [7]

6.(b) Name of husband or wife: George Goram

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1898

8. AGE: Years	Months	Days	If less than one day
42	1	2	..... hrs. ..... min.

9. Birthplace: Portsmouth, Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: George Goram

Address: Hebron Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 10/22/'40
(month) (day) (year)

Cemetery or crematory: Nanticoke cemetery

Location: Nanticoke Md.

18. Funeral director: Mrs. C. G. Messick & Sons

Address: Hebron, Md.

19. 10/22/40 19..... W. H. Robertson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16, 1940, at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/13/40 19..... to 10/15/40 19.....
and that I last saw her alive on 10/15/40 19.....

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 Mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. H. Hurdle M.D.
M. D. or other

Address: Salisbury Date signed 10/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11001

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Millsboro Rural Delaware Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Burrs Lane Church Cemetery Near Portsville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Hastings

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 13th 1940

8. AGE: Years ____ Months ____ Days 4 days If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury Johnson Hospital (Town, county, and state)

10. Usual occupation Child

11. Industry or business Infant

FATHER 12. Name Robert Hastings

13. Birthplace Delaware

MOTHER 14. Maiden name Grace Cordrey

15. Birthplace Delaware

16. Informant Robert Hastings

Address Millsboro Del

17. Burial, cremation, or removal. Which? Burial Date thereof 10 (month) 18 (day) 1940 (year)

Cemetery or crematory Fire Church Cemetery

Location Delaware

18. Funeral director H B Lilaman

Address Millsboro Delaware

19. (Date rec'd by registrar) 10/17 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-13- 1940 to 10-17- 1940, and that I last saw him alive on 10-17- 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	4 da.
Due to difficult & instrumental	
Due to delivery	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. R. Wood M. D. or other

Address Millsboro Del Date signed 10/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11002

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 74 years
Hospital, Institution, or street address where death occurred: R.F.D.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg (If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D. (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Levin Goldsborough Holloway
3.(b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Mary S. Holloway
6.(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Feb. 3-1866
8. AGE: Years: 74 Months: 8 Days: 4 If less than one day: hrs. min.
9. Birthplace: Parsonsburg Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
FATHER 12. Name: Stanton Holloway
FATHER 13. Birthplace: Parsonsburg Md
MOTHER 14. Maiden name: Elizabeth Parsons
MOTHER 15. Birthplace: Parsonsburg Md
16. Informant: Mrs Mary S. Holloway
Address: R.F.D. Parsonsburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 9-1940 (month) (day) (year)
Cemetery or crematory: Pittsville Md Cem
Location: at Pittsville, Md
18. Funeral director: Holloway & C. Walter R. Holloway
Address: Salisbury Md.
19. Oct. 9 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 7, 1940 (9:30 a.m.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 1940 to Oct. 7 1940 and that I last saw him alive on Oct. 7 1940

Immediate cause of death	DURATION
(a) Apoplexy	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. H. E. Leatherbury M.D. (M. D. or other)
Address: Delmar Del. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 11 1940
BUREAU Y. S.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11003

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 3 months

Hospital, Institution, or street address where death occurred: 303 Second St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: ~~Wicomico~~ Somerset

City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Frank Horsey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: about 77 | Months: — | Days: — | If less than one day ... hrs. ... min.

9. Birthplace: Accomac, Va.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: Ella Brown

Address: 303 Second St, Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/20/40 (month) (day) (year)

Cemetery or crematory: Princess Anne Cem.

Location: Princess Anne, Md.

18. Funeral director: Mrs. A. B. Messick & Sons

Address: Hebron, Md.

19. 10/20, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/17/40 19 ... at 8:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ... and that I last saw him alive on ... 19 ...

Medical examiner certificate

Immediate cause of death: chronic myocarditis

DURATION: 3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: LaRodenaker M.D. Deputy Med Examiner M.D. M. D. or other

Address: Salisbury, Md. Date signed: 10/19/40

RECEIVED
NOV 6 1940
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-01

CERTIFICATE OF DEATH

11004

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Ven. Hosp.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Preston Hudson

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1939

8. AGE: Years | Months 11 | Days 10 | If less than one day hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Charles Hudson
13. Birthplace Md.

MOTHER
14. Maiden name Katie Palmer
15. Birthplace Md.

16. Informant Charles Hudson
Address Ocean City

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 12, 1940 (month) (day) (year)

Cemetery or crematory St Martins Neck

Location Bishop Lilly Md.

18. Funeral director J. W. Burbage

Address Berlin Md

19. 10/10 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940, at 1:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Oct 10 1940, and that I last saw him alive on Oct. 9 1940.

Immediate cause of death: Infectious diarrhea — DURATION: 6 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wimmer M.D.
M. D. or other

Address Salisbury Date signed Oct 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (107)

11005

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred: P.G. Hoyt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 101, Arch street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles Howard Hutchings

3.(b) Social Security Number: 217-10-2399

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Virginia Hutchings
6.(c) If alive, give age: 21 years
7. Birth date of deceased (mo., day, yr.): Sept. 7-1910

8. AGE: Years 30 | Months 1 | Days 23 | If less than one day ... hrs. ... min.

9. Birthplace: Shaystown Md. (Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business: Eastern shore Baking Co. Salisbury Md.

FATHER
12. Name: Charles E. Hutchings
13. Birthplace: Vienna Maryland.

MOTHER
14. Maiden name: Ruby Hurtt
15. Birthplace: Shaystown Md.

16. Informant: Mrs. Ruby Hutchings
Address: 224 E. Main St. Moorestown N.J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 2nd 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland.

19. 11/3, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 31st 1940, at 920 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18 1940, to Oct 31 1940 and that I last saw him alive on Oct 31 1940.

Immediate cause of death: Acute Dilatation Heart — DURATION: 3 hrs
Due to: Bronchopneumonia — 3 days
Due to: Secondary Anemia — 10 days
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. O. Daisey M.D. M. D. or other
Address: Salisbury Md. Date signed: 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11006

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): about 3 weeks

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 323 East Church

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Lydia Johnson

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a. a.	widow

6 (b) Name of husband or wife: John Johnson

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): June 12 18 54

8. AGE: Years	Months	Days	If less than one day
86	3	28	hrs. min.

9. Birthplace: Salisbury Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: no

FATHER

12. Name: Noah Johnson

13. Birthplace: Salisbury, md

MOTHER

14. Maiden name: Harriett Johnson

15. Birthplace: Salisbury md

16. Informant: Mary Johnston

Address: Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 13 - 1940 (month) (day) (year)

Cemetery or crematory: Family

Location: Salisbury Md

18. Funeral director: James F. Stewart

Address: Salisbury md

19. 10/13, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 10 1940, at 6.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-16 1940 to oct 10 1940

and that I last saw h- or alive on oct 9 1940.

	DURATION
Immediate cause of death: Decubitus ulcer	3 wks
Due to: Fractured pelvis	2 mos
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 8-16-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Fall downstairs Injured at work? No

23. SIGNATURE: LaRademaker Deputy Medical Examiner M.D. M. D. or other

Address: Salisbury Md Date signed 10-12-40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (184)

11007

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Genl. Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 12 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin R.D. 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Johnson, William

3. (b) Social Security Number

4. Sex Male
5. Color or race Col.
6. (a) Single, married, widowed, or divorced Single.
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 5, 1925
8. AGE: Years 15 Months 5 Days 20 If less than one day hrs. min.
9. Birthplace Showell, Md. (Town, county, and state)
10. Usual occupation Farm work
11. Industry or business
FATHER 12. Name Ernest Johnson.
13. Birthplace Snow Hill, Md
MOTHER 14. Maiden name Iola Purnell
15. Birthplace Berlin, Md.
16. Informant Ernest Johnson
Address Berlin, Md. R.D. 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 27, 1940 (month) (day) (year)
Cemetery or crematory Evergreen Cem.
Location Berlin, Md.
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md.
19. 10/26, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1940, at 3.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw medical examiner's alive on certificate 19
Immediate cause of death secondary hemorrhage — DURATION 1 days
Due to Gunshot wound of R. Farm. — 12 days
Due to
Other conditions Gas gangrene
(Include pregnancy within 3 months of death)
Major findings:
Of operations Gas gangrene present
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 10-13-40
Where did injury occur? Ocean City (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury little bother age 5 playing with gun when it accidentally discharged Injured at work? no

23. SIGNATURE L. O. Radenshaw M.D. Deputy Med. Examiner M. D. or other
Address Salisbury, Md Date signed 10/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

11008

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 13 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Marylande County Somerset
City or town Rural Near Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles L. Jones

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Willie G. Jones
6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 14, 1868

8. AGE:

Years	Months	Days	If less than one day
72	5	27	____ hrs. ____ min.

8. Birthplace Near Pocomoke, Worcester, Md. (Town, county, and state)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name Oliver Jones
13. Birthplace Md

MOTHER
14. Maiden name Amanda Harris
15. Birthplace Md

18. Informant Mrs. Willie G. Jones
Address Pocomoke City, Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13, 1940 (month) (day) (year)
Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City, Md
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md.

19. 10/12, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death	DURATION
Chr Myocarditis	Unk
Chr Nephritis	Unk
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hebron Date signed 10/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

11009

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hosp

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Whaleyville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Wayne Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1940

8. AGE: Years Months Days If less than one day

Stillborn hrs. min.

9. Birthplace Salisbury Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Calvin R. Jones

13. Birthplace Whaleyville Md.

MOTHER 14. Maiden name Mary Jane Patey

15. Birthplace Whaleyville Md.

16. Informant Calvin R. Jones

Address Whaleyville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 14, 1940 (month) (day) (year)

Cemetery or crematory Mt. Pleasant

Location Parsonsville, Md.

18. Funeral director Charles M. Bynard

Address Salisbury Md

19. 10/14/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---, 19--, to ---, 19--, and that I last saw h--- alive on ---, 19--.

	DURATION
Immediate cause of death: Stillborn	
due to strangulation from short cord wrapped around neck	
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Rademacher M D

M. D. or other

Address Salisbury Md Date signed 10-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

11019

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ken. Gen. Hosp

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Dela. County Sussex

City or town Laurel R.D. Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Kinnikin John F.

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie M. Kinnikin ✓

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 10/28 - 1880

8. AGE: Years 59 | Months 11 | Days 15 | If less than one day ✓ hrs. ✓ min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name Stephen F. Kinnikin
13. Birthplace Dela.

MOTHER
14. Maiden name Mary White
15. Birthplace Del

16. Informant Annie M. Kinnikin
Address Laurel Del. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/16-40 (month) (day) (year)

Cemetery or crematory Laurel Hill Cemetery

Location Laurel Delaware

18. Funeral director Franklin S. Timmons
Address Laurel Del

19. 10/13, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/12 1940, to 10/13 1940, and that I last saw him alive on 10/13 1940.

Immediate cause of death: Apoplexy — DURATION: 4 days

Due to: Chronic nephritis — several years

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Chas. T. Fisher, M.D. M. D. or other

Address Salisbury Md. Date signed 10/14/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11011

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Pen. Genl. Hosp.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Kleger

3. (b) Social Security Number

4. Sex Male
5. Color or race W.
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day
Stillborn hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm Kleger
13. Birthplace ? Foreign Country (See R.C.)

MOTHER
14. Maiden name Florence Roth
15. Birthplace New York City

16. Informant
Address

17. Cremation Date thereof (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory P. G. Hospital
Location Salisbury, Md.

18. Funeral director Supt. P. G. Hospital
(acting) Address Salisbury, Md.

19. 10/10, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1940, at 10 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Premature Still Born 19 ,
and that I last saw h alive on 19

Immediate cause of death Still Born 3 1/2 mo pregnancy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hiram R Mann M. D. or other
Address Lately Md Date signed 10/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11012

131-a

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 335

Village or City Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maud M. Knowles If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irving L. Knowles

6. DATE OF BIRTH (month, day, and year) May 3 1878

7. AGE Years 62 Months 5 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Isaac W. Owens

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Julia A. Twilley

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Sallie T. Bennett (Address) Delmar Del R.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Firemans Date Oct 10, 1940

19. UNDERTAKER Graveno Bros (Address) Sharptown

20. FILED Oct 10, 1940 Mary R Banks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Oct 8, 1940

I last saw her alive on Oct 8, 1940; death is said to have occurred on the date stated above, at 7 30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/8/40

Other Contributory Causes of Importance:

Hypertension	1935
Chronic Nephritis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Kuhlman M. D.

(Address) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (469)

CB

11013

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Va. County Accomac
City or town Chincoteague Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hallie Lachenaud

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Andre Lachenaud
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): ~~May~~ 19th 1908

8. AGE: Years 32 | Months 5 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace: Chincoteague, Va.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER
12. Name: Elijah T. Timmons
13. Birthplace: Md.
MOTHER
14. Maiden name: Ida Merritt
15. Birthplace: Va.
16. Informant: Wm T. Timmons
Address: Chincoteague, Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 27th 1940 (month) (day) (year)
Cemetery or crematory: Red Men
Location: North Main
18. Funeral director: Walter M. Clark
Address: Chincoteague Va
19. 10/24 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24 1940, at 2 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov — 1938, to Oct 24 1940, and that I last saw her alive on Oct 24 1940.

Immediate cause of death	DURATION
General peritonitis	2 days
Due to Perforation of a carcinoma of rectum	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma of recto-signoid junction 3 yrs ago.
Of autopsy: as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?
Jakademahr M.D.
23. SIGNATURE ____ M. D. or other
Address: Salisbury, Md. Date signed 10/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U.S. AUDITOR V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Mann

11014

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 da.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico Dorchester

City or town: Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Howard Charles LeCompte Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 10/24/40

8. AGE: Years | Months | Days: 5 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Howard LeCompte
13. Birthplace: Cambridge Md.

MOTHER
14. Maiden name: Jeanette Kemp
15. Birthplace: New Jersey

16. Informant: Howard LeCompte
Address: Hurlock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/30/40 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury, Md.

18. Funeral director: Mac E. Messick Sons

Address: Hebron Md.

19. 10/30, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/29/40 (day), at 1A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1940 to Oct 29 1940; and that I last saw him alive on Oct. 28 1940.

	OURATION
Immediate cause of death: Malformation of G.I. tract	5 days
Due to: Stomach & intestines not connected - Volvulus of intestines	
Due to	
Other conditions: Hemorrhage from intestines & stomach	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Stomach & intestines not connected Volvulus of intestines

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Hester R Mann M. D. or other

Address: Dolby Md Date signed 10/29/40

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NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11015

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Rural, Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Fifty years
Hospital, Institution, or street address where death occurred: R.F.D. Route No. 4
How long in hospital or institution? At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Rural, Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D. No. 4
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Lizzie Belle Malone

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Alex G. Malone
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1864

8. AGE: Years	Months	Days	If less than one day
76	0	25	____ hrs. ____ min.

9. Birthplace: Dadian Iron Worcester, Maryland
(Town, county, and state)
10. Usual occupation: House Keeper
11. Industry or business: Own Home
MOTHER FATHER
12. Name: William D. Hammond
13. Birthplace: Near Mt. Hermon
MOTHER
14. Maiden name: Rebecca Hasier
15. Birthplace: Piney Grove, Maryland
16. Informant: Mrs. N. D. Hammond
Address: R.F.D. No. 4, Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Parsons Cemetery
Location: Salisbury, Md.
18. Funeral director: The Dill & Johnson Co.
Address: Salisbury, Maryland
19. 10/18, 1940 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16, 1940, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1927, 19__, to Oct 16, 1940
and that I last saw h... alive on Oct 16, 1940

Immediate cause of death	DURATION
Chronic myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: M. Wanner M.D.
M. D. or other
Address: Salisbury, Md. Date signed: Oct 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

Dr. Lein

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11016

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicomico

County

City or town: Parsonsburg R-D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Parsonsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.D. #1.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George Washington Moore

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Ella L. Moore

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Sept. 15-1860

8. AGE: Years: 80 Months: Days: 21 If less than one day: hrs. min.

9. Birthplace: Pittsville Md (Town, county, and state)

10. Usual occupation: retired farmer

11. Industry or business:

FATHER 12. Name: Stephen Moore

13. Birthplace: Pittsville Md

MOTHER 14. Maiden name: Sallie Truitt.

15. Birthplace: Pittsville Md

16. Informant: Mrs. Geo. Moore

Address: R.D. #1. Parsonsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date of burial: Oct. 8-1940 (month) (day) (year)

Cemetery or crematory: Parsonsburg Cem.

Location: Parsonsburg Md.

18. Funeral director: Holloway & Walter R. Holloway

Address: Salisbury Md.

19. Oct. 8 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 6. 1940 19.... at 10.25a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1935 19.... to Date 9-28-40 19....

and that I last saw him alive on 9-20-40 19....

Immediate cause of death	DURATION
Hypertension	2
Cerebral hemorrhage	
Due to	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? —

23. SIGNATURE: Frank Lewis M. D. or other

Address: Willards Md. Date signed: Oct 8, 1940

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 11 1940
BUREAU V. S.

11017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 minutes

Hospital, institution, or street address where death occurred: P. G. Hospital

How long in hospital or institution? 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nanticoke (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Sidney Murphey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1930

8. AGE: Years 10 | Months 0 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace Nanticoke (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER: 12. Name Ezekial Murphy

13. Birthplace Eldorado, Md.

MOTHER: 14. Maiden name Vannie S. Dunn

15. Birthplace Bivalve, Md.

16. Informant Woolford Murphy

Address Nanticoke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/12/40 (month) (day) (year)

Cemetery or crematory Bivalve Cem.

Location Bivalve, Md.

18. Funeral director Mrs. Ch. Messick & Son's

Address Bivalve Md.

19. 10/12 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9, 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 only; to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Central Nervous System Disease - Nothing else

Due to Known died in

Due to Coma following convulsion

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S Allen Field M. D. or other

Address Salisbury Md Date signed 10-12-40

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11018

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs 8 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No. 129 Mason St

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Elizabeth Niblett

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widowed

6.(b) Name of husband or wife Purnell E. Niblett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 23, 1853

8. AGE: Years	Months	Days	If less than one day
87	3	3	..... hrs. ..... min.

9. Birthplace RD. Pittsville Md.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John K. Elliott

13. Birthplace RD. Pittsville Md.

MOTHER 14. Maiden name Mary Elliott

15. Birthplace RD. Pittsville Md

16. Informant Son. John E. Niblett

Address 304 Barclay St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 28-1940 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director Holloway & Walter R. Holloway

Address Salisbury Md.

19. 10/28/1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1940 at 11:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 1940, to Oct. 26 1940

and that I last saw h.e.r alive on Oct. 22 1940

Immediate cause of death	DURATION
Asphyxia	
Due to Hypertensive cardio-vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Wm. B. Smith M.D.

M. D. or other

Address 418 Camden Ave. Date signed Oct. 26, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU V. S.

11019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peu-Geil-Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 Day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 325 Water St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mabel Collins Parker.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Claude Parker.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 26 1915

8. AGE: Years 24 | Months 9 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace: Daughtery, Accomac, Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at Home

FATHER

12. Name: Robert Bailey.

13. Birthplace: Va.

MOTHER

14. Maiden name: Maggie Collins.

15. Birthplace: Va.

16. Informant: Maggie Collins.

Address: Salisbury Md. 325 Water St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24/40 (month) (day) (year)

Cemetery or crematory: Daughtery Va

Location

18. Funeral director: J. E. Thomas

Address: Accomac Va Box 243

19. 10/22, 1940 Harriet E. Johnson Social (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1940, at 10:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-9- 1940, to 10-22- 1940, and that I last saw her alive on 10-22- 1940.

Immediate cause of death: Typhoid fever. — DURATION: 2 weeks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

D1 operations: None

D1 autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: L A Rodemaker M.D. (M. D. or other)

Address: Salisbury Md Date signed 10/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11020

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Peninsula Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Perry, Baby

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
~~Female~~	Colored	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Leroy Perry

13. Birthplace Oakland, La.

MOTHER 14. Maiden name Wright, Irene Louise

15. Birthplace Sumter, S. C.

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-31-40 (month) (day) (year)

Cemetery or crematory Wesley

Location Near Princess Anne

18. Funeral director William Jones

Address Princess Anne

19. 10/30 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1940 at 9:42 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19—, to 19—, and that I last saw h— alive on 19—.

	DURATION
Immediate cause of death Stillbirth almost	
Due to Cause undetermined	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Rivers Hanson M. D. or other

Address Salisbury, Md. Date signed 8-30-41

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

11021

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH:
County: Wicomico
City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred: R.D. #2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Frank Berne Preston

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Jean Sarah Preston
6.(c) If alive, give age: Dont Know years
7. Birth date of deceased (mo., day, yr.): May 18. 1892

8. AGE: Years 48 | Months 4 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Louisville Ky.
(Town, county, and state)
10. Usual occupation: Prop & Owner
11. Industry or business: Oak Haven Tourist Camp.

FATHER
12. Name: No Record
13. Birthplace

MOTHER
14. Maiden name: No Record
15. Birthplace

16. Informant: Mrs. Nicie West
Address: R.D. #2 Delmar Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 12. 1940
(month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland

19. Oct. 12 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10-1940 at 7.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Oct. 10 1940 and that I last saw him alive on Oct. 9 1940

Immediate cause of death: Apoplexy — DURATION: 1 hr.?
Due to: Chronic Endocarditis — ?
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. E. Lecates M. D. or other
Address: Delmar Del. Date signed: 10/10/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
BUREAU V. E.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

11022

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Powell Ville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Powell Ville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Zadock W. Richardson

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Dec. 20, 1854

8. AGE: Years: 85 Months: 9 Days: 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Retired

FATHER
12. Name: William Richardson
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Pennewell
15. Birthplace: Md.

16. Informant: Mrs Samuel Jones
Address: Powell Ville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 6, 1940 (month) (day) (year)

Cemetery or crematory: St. Johns

Location: Powell Ville Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. Oct. 6, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7 1940, to Oct 4 1940, and that I last saw him alive on Oct 4 1940.

Immediate cause of death: Intestinal tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION: about 2 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley M.D.
M. D. or other

Address: Snow Hill Md Date signed: Oct 5 40

RECEIVED
NOV 11 1940
BUREAU V. S.

11023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Sharptown - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years

Hospital, institution, or street address where death occurred: San Domingo

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Sharptown - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. San Domingo
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Maurice L. Roberts

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife Mary Ann Roberts

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 25, 1870

8. AGE: Years 70 Months 9 Days 4 If less than one day ..... hrs. ..... min.

9. Birthplace Wicomico County, Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business General Farm Work

FATHER
12. Name Charles J. Roberts
13. Birthplace Wicomico County, Maryland

MOTHER
14. Maiden name Ardilla Sampson
15. Birthplace Wicomico County, Maryland

16. Informant Mrs. Amy E. Morris

Address 212 Pear Avenue, E. Riverton, N. J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 31, 1940 (month) (day) (year)

Cemetery or crematory San Domingo Cemetery

Location Near Sharptown, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Oct 31 1940 (Date rec'd by registrar) M R Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 5 30 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 27 1940, to Oct 28 1940 and that I last saw him alive on Oct 28 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 2 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlmann M. D. M. D. or other

Address Sharptown Md Date signed 10/27/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11024

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 14 days

Stay in this community (yrs., or mos., or days): 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot Co.

City or town: Cordova Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carlie Roe

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

B (b) Name of husband or wife: unknown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 27, 1870

8. AGE: Years	Months	Days	If less than one day
70	8	8	hrs. min.

9. Birthplace: Easton, Talbot Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Nathaniel Berry
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Carmine
15. Birthplace: Maryland

16. Informant: deceased on admission
Address: Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8, 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: James A. Spence

Address: Easton, Md.

19. 10/5 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 5 1940, at 11.00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/21/40 19 to 10/5/40 19, and that I last saw her alive on 10/5/40 19.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul Owen M. D.
M. D. or other

Address: Salisbury Date signed 10/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CB

10965

(740)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hrs.

Hospital, institution, or street address where death occurred: Maryland Hotel

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New Jersey County Middlesex

City or town New Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 196 No Fifth Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war no no ✓

3. (a) FULL NAME Alfred S. Rue.

3. (b) Social Security Number 147-05-0280

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Helen.

6.(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 19 - 1886

8. AGE: Years 54 | Months 6 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace Hightstown Mercer Co N.J. (Town, county, and state)

10. Usual occupation Salesman.

11. Industry or business Abeles-Lewit Co -

FATHER
12. Name John Rue.
13. Birthplace Hightstown N.J.

MOTHER
14. Maiden name Mary Allen.
15. Birthplace Hightstown N.J.

16. Informant Mrs. A.S. Rue

Address New Brunswick N.J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 30-1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Hightstown N.J.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md

19. Oct. 27, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Angina Pectoris	
Due to Coronary occlusion (acute)	10/26/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Wash. Co. M. D. or other

Address Hagerstown, Md. Date signed 10/27/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

11025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Union Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Selby

3. (b) Social Security Number

4. Sex Female

5. Color or race C

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cook Selby

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 58 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Thomas Hollaway

13. Birthplace Md

MOTHER 14. Maiden name Not known

15. Birthplace

16. Informant Cook Selby

Address Salisbury Union St Md

17. Burial Rosedale Point (Burial, cremation, or removal. Which?) Date thereof 11/3/1940 (month) (day) (year)

Cemetery or crematory

Location Near Laurel Del.

18. Funeral director John W. Burbage

Address Berlin Md

19. 10/30, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1938 to Oct 30 1940, and that I last saw her alive on Oct 29 1940.

Immediate cause of death: Chronic Myocarditis — DURATION 4 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L A Rodenhaver M D M. D. or other

Address Salisbury Md Date signed 10/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

11026

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Powellville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, Institution, or street address where death occurred: RD #1.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED;
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Powellville
(If outside city or town limits, write RURAL and give nearest town)
Street No. RD. #1.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John W. Shockley

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Rosa E. Shockley
6.(c) If alive, give age: Dead yrs.

7. Birth date of deceased (mo., day, yr.): Sept. 28-1860

8. AGE: Years: 80 | Months | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Wango Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Junior Shockley
13. Birthplace: Wango Md.

MOTHER
14. Maiden name: Sallie Parker
15. Birthplace: Wango Md.

16. Informant: Ernest E. Shockley
Address: R.D. Parsonsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 17, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Zion Cem.
Location: Near Powellville Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.

19. Oct. 17 1940 (Date rec'd by registrar) Lillian L. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15- 1940 (12.35a M)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 10 1940 to Oct 15 1940
and that I last saw h alive on Oct 15 1940

	DURATION
Immediate cause of death: Bronchial Pneumonia	3 days
Due to: Stroke of Paralysis	4 days
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles T. Brown M.D.
M. D. or other
Address: Salisbury Md. Date signed: 10/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11027

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Elijah W. Smith Jr

3. (b) Social Security Number 212-18-6280

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Rosie Smith

6(c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) March 16, 1889

8. AGE:

Years	Months	Days	If less than one day
51	6	19	____ hrs. ____ min.

9. Birthplace Near Pocomoke City, Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Elijah Smith Sr

13. Birthplace Md

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Rosie Smith

Address Pocomoke City, Md R.F.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 7, 1940 (month) (day) (year)

Cemetery or crematory Unionville

Location Pocomoke City, Md R.F.D

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 10/6, 1940 (Date rec'd by registrar) Carrie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Oct 5 1940, and that I last saw h[illegible] alive on Oct 5 1940

Immediate cause of death	DURATION
Hemiplegia	July
Due to Cerebral Hemorrhage	
Duration - Unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address [illegible] Date signed 10/6/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11028

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 mos. 15 days.
Stay in this community (yrs., or mos., or days) 6 yrs. 8 mos. 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 213 Fitzwater St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harriett Virginia Spence

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John C. Spence
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1879

8. AGE:

Years	Months	Days	If less than one day
61	8	2	— hrs. — min.

9. Birthplace Salisbury; Wicomico; Maryland (Town, county, and state)
10. Usual occupation House Keeper
11. Industry or business none
FATHER 12. Name Thomas Tyndall
13. Birthplace Virginia
MOTHER 14. Maiden name Pattie Fields
15. Birthplace Shad Point, Md.
16. Informant George C. Spence
Address 213 Fitzwater St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Parsons Cemetery
Location Salisbury, Md.
18. Funeral director The Field & Johnson Co.
Address Salisbury, Maryland.
19. 10/28, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1940, at 8:10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22 1940, to October 27 1940
and that I last saw her alive on October 27 1940
Immediate cause of death (a) Pulmonary Edema, Myocardial Failure — DURATION: Immediate
Due to Myocardial Failure — 1 wk
Due to Arteriosclerotic Cardio Vascular Disease — unk
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE J. Rivers Hauson, MD
M. D. or other
Address Salisbury, Md. Date signed 10/27/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

11029

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. East
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Stahre

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1866

8. AGE: Years 74 Months Days 27 If less than one day hrs. min.

9. Birthplace Sinden (Town, county, and state)

10. Usual occupation Retired Sailor

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Sinden

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Karl Stahre

Address Delmar, Del

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 10-4-40 (month) (day) (year)

Cemetery ~~or crematory~~ Nelsons

Location Delmar, Md. R.F.D.

18. Funeral director Will S. Maurel

Address Delmar, Del.

19. 10/4 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2/1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , and that last saw h[illegible] alive on 19 .

Medical Examiner's certificate

Immediate cause of death Bronchopneumonia — DURATION 3 days

Due to Fracture of both legs. — 5 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-27-40

Where did injury occur? Delmar (City or town) Sussex (County) Del (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury walking in street struck by car Injured at work? No

23. SIGNATURE S. Rademacher M.D. M. D. or other

Address Salisbury Md. Date signed 10/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11030

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hosp.

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 304 Elizabeth Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Asbury Sturgis

3. (b) Social Security Number 219-10-4519

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary C. Sturgis

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.): Mar 10, 1881

8. AGE: Years 59 | Months 7 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace: Delmar, Md R.F.D. (Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business: Grocery

FATHER
12. Name: Chas. Sturgis
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary C. Hitchens
15. Birthplace: Maryland

16. Informant: Randolph Sturgis
Address: Delmar, Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-24-40 (month) (day) (year)

Cemetery or crematory: M. P. Cemetery

Location: Delmar, Del.

18. Funeral director: Will S. Mard
Address: Delmar, Del

19. 10/24 1940 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22 1940, of 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Oct 22 1940, and that I last saw h[illegible] alive on Oct 22 1940.

Immediate cause of death: Chr. Myocarditis

Due to

Due to

Other conditions: Hypertrophied Prostate

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy

DURATION: Med

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 40 Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 10/23/40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

11031

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G Hospital Division St

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days) about 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Broad

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Emma Taylor

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept 25 1870

8. AGE: Years 70 Months 0 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Worcester (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name unknown
15. Birthplace unknown

18. Informant Peninsula General Hospital

Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8, 1940 (month) (day) (year)

Cemetery or crematory Salisbury

Location Salisbury Md

18. Funeral director James F. Stewart

Address Salisbury Md

19. 10/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1940, at 2:48 p M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended~~ deceased from ___ 19__, to ___ 19__, and that I last saw the ___ alive on ___ 19__.

Medical examiner certificate

Immediate cause of death: Burns of face, rt arm & hand

~~Due to~~ nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION: 1-8 days; 13 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-21-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Home burned Injured at work? no

23. SIGNATURE Lakadmaker M-D. Deputy Med Examiner M. D. or other

Address Salisbury, Md Date signed 10-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
NOV 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

11032

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Vicimico Co

City or town: Fruitland Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 4 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Infant of Mr + Mrs. Goodsal Toodvine

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): 10-24-40

8. AGE: Years: — Months: — Days: 4 If less than one day: 4 hrs. _____ min.

9. Birthplace: Fruitland Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Goodsal Toodvine
13. Birthplace: Fruitland

MOTHER
14. Maiden name: Noami Washields
15. Birthplace: Fruitland

16. Informant: Goodsal Toodvine
Address: Fruitland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-40 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: Fruitland Md.

18. Funeral director: J. F. Stewart
Address: 402 E. Church St. Salisbury Md.

19. 10/26, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24- 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ 19__, and that I last saw h_____ alive on _____ 19__.

medical examiner certificate

Immediate cause of death: Premature delivery — DURATION: 4 hrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: J. A. Radamaker M.D. Deputy Medical Examiner
M. D. or other

Address: Salisbury Md. Date signed 10-25-40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

11033

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Rural R.F.D. No. 2 Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Seven Years
Hospital, Institution, or street address where death occurred:
Manokin R.F.D. No. 2
How long in hospital or institution? Seven Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Rural R.F.D. No. 2 Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R. 4. D. No. 2 Manokin
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: John T. Tucker

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1881

8. AGE: Years: 58 Months: 11 Days: 15 If less than one day: — hrs. — min.

8. Birthplace: Charlotte North Carolina (Town, county, and state)
10. Usual occupation: Manufacturing Cough Syrup
11. Industry or business: Selling Lucky Strike Cough Syrup

FATHER
12. Name: Rhoda Tucker
13. Birthplace: Charlotte North Carolina

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record

16. Informant: John T. Tucker Jr.
Address: Chimney Rock, North Carolina

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 17, 1940 (month) (day) (year)
Cemetery or crematory: Rockawalking Chapel Yard
Location: Rockawalking, Maryland.
18. Funeral director: De Vee and Johnson Co.
Address: Salisbury, Maryland.

19. 10/17/40 (Date rec'd by registrar) Harris E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15, 1940 at 12:15 P.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-20 1940, to Oct 15 1940
and that I last saw h. alive on 10-14 1940

Immediate cause of death: Coronary Thrombosis — DURATION

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work?

23. SIGNATURE: Philip A. Dunbar Jr. M.D.
M. D. or other
Address: Salisbury, Md. Date signed: 10-15-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11034

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Near Fruitland Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): no

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: no (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Dont know

3. (a) FULL NAME: Unknown man

3. (b) Social Security Number: Dont know

4. Sex: male

5. Color or race: Colored A.A.

6. (a) Single, married, widowed, or divorced: Dont know

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age: dont know years

7. Birth date of deceased (mo., day, yr.): Looked to be about

8. AGE: Years: About 32 | Months: — | Days: — | If less than one day: — hrs. min.

9. Birthplace: unknown (Town, county, and state)

10. Usual occupation: Looked to be a Laborer

11. Industry or business: no

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: none

Address: — no

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 28 (month) (day) (year)

Cemetery or crematory: Salisbury Md

Location: Salisbury

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. 10/28 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar Socal

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 26th 1940, at 2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/26 1940, to 10/26 1940, and that I last saw h~~e alive~~ on 10/26 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: sudden

Due to: Unknown

Due to: Unknown

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas F. Fisher MD M. D. or other

Address: Salisbury, Md Date signed: 10/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

(Dr. Redmond)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

11035

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. # 1 (If rural, give LOCATION) Delmar Rd. Salisbury
2.(a) If veteran, name war:

3.(a) FULL NAME: Milton Sylvester Watts

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Boy

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 12, 1926

8. AGE: Years 14 | Months 2 | Days 19 | If less than one day: hrs. min.

9. Birthplace: Belair Md. (Town, county, and state)

10. Usual occupation: School Boy

11. Industry or business:

FATHER
12. Name: John M. Watts
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Grace Dull
15. Birthplace: Fairmount Md.

16. Informant: Mrs. John M. Watts
Address: R.D. #1. Delmar Rd. Salisbury Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof Oct. 4-1940 (month) (day) (year)
Cemetery or crematory: Payson Cem.
Location: Salisbury Md.

18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.

19. 10/4/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 1-1940 19 at 7.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 19 to [illegible] 19 and that I last saw [illegible] alive on [illegible] 19

	DURATION
Immediate cause of death: Fractured Skull	10-1-40
Due to: Fractured Pt Jaw	10-1-40
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 10-1-40
Where did injury occur? Mear Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury: walking along road and struck by car Injured at work? No

23. SIGNATURE: J. A. Redmond M.D. Deputy Medical Examiner M. D. or other
Address: Salisbury Md. Date signed 10/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

11036

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. G. Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 da.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Somerset
State: Md. County: Somerset
City or town: ~~Salisbury~~ Dames Quarter, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George White

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife: Mary ?
(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Feb. 2 1879.

8. AGE: Years	Months	Days	If less than one day
61	7	29	hrs. min.

9. Birthplace: Dames Quarter, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER — 12. Name: George White
13. Birthplace: Dames Quarter, Md.
MOTHER — 14. Maiden name: Unknown
15. Birthplace:
16. Informant: Garrison White
Address: Dames Quarter Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/3/40 (month) (day) (year)
Cemetery or crematory: Dames Quarter Cem.
Location: Dames Quarter, Md.
18. Funeral director: Mrs. C. Messick Lewis
Address: Delmar Md.
19. 10/3, 1940 (Date rec'd by registrar) Harriet E. Johnson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 1940, at 7 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940 to Oct 1 1940 and that I last saw him alive on Sept 30 1940.

Immediate cause of death	DURATION
Diabetis mellitis	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Barrunner M. D.
M. D. or other
Address: Salisbury Date signed: Oct 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

Dr. Brown.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

11037

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg R.D. #2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 92 years
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mariah Ellen White

3.(b) Social Security Number

4. Sex: female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Enoch Geo. White
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Oct. 1st 1848

8. AGE: Years 92 | Months 0 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace: R.D. #2. Parsonsburg Md
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business

FATHER
12. Name: Henry Mills
13. Birthplace: Near Parsonsburg Md.

MOTHER
14. Maiden name: Nancy Ellen White
15. Birthplace: Sussex Co., Del.

16. Informant: Walter R. White
Address: R.D. #2 Parsonsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 7-1940 (month) (day) (year)
Cemetery or crematory: Zion M.E. Cem.
Location: Near Walstons Md.

18. Funeral director: Holloway & Co Walter R. Holloway
Address: Salisbury Md.

19. 10/7 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 5, 1940 19..., at 8.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5 1940 to Oct 5 1940 and that I last saw her alive on Oct 5 1940

Immediate cause of death	DURATION
Mitral Stenosis	1 yrs
Due to Chronic Intestinal Nephritis	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Charles F. Brown M.D. M. D. or other
Address: Salisbury Md Date signed: 10/7/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (53-a)

11038

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITH CORPORATE LIMITS

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Fifty years

Hospital, institution, or street address where death occurred: 107 E. Chestnut St.

How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 107 E. Chestnut St.
(If rural, give LOCATION)

2.(a) If veteran, name war: –

3. (a) FULL NAME: Mary C. White

3. (b) Social Security Number: –

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: William White

6.(c) If alive, give age: – years

7. Birth date of deceased (mo., day, yr.): May 16, 1858

8. AGE: Years 82 | Months 4 | Days 15 | If less than one day – hrs. – min.

9. Birthplace: Whitesville, Delaware
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Joshua Bethard
13. Birthplace: Powellsville, Maryland

MOTHER
14. Maiden name: Martha Adkins
15. Birthplace: Powellsville, Maryland

16. Informant: Mrs. R. J. Hobbs
Address: Parksley, Virginia

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1940 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery

Location: Salisbury, Md.

18. Funeral director: The Hill and Johnson Co.
Address: Salisbury, Maryland

19. 10/3, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 1, 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 1940 to Oct 1 1940 and that I last saw her alive on Sept 29 1940

Immediate cause of death: cerebral hemorrhage — DURATION: 10 hrs

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other

Address: Salisbury Date signed: Oct 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-a)

CERTIFICATE OF DEATH

11039

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico.
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Peninsular General Hospital.
How long in hospital or institution? 4 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico.
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 332 E. Church St.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME George Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widowed

6.(b) Name of husband or wife Bethena Williams
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) December ? 1872

8. AGE: Years	Months	Days	If less than one day
67	10	!	..... hrs. ..... min.

9. Birthplace Chance, Md. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business Farm
FATHER 12. Name George Williams.
13. Birthplace Maryland
MOTHER 14. Maiden name Sarah Williams.
15. Birthplace Chance, Md
16. Informant Sarah Pinkett
Address Chance, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29 1940 (month) (day) (year)
Cemetery or crematory Chance, Md.
Location Chance, Md.
18. Funeral director J. Edgar Thomas
Address Accomac, Va.
19. 10/28/1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27, 1940 at 3 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25, 1940, to Oct 27 1940
and that I last saw h.. alive on Oct. 26, 1940 at 1:30 p.m.

	DURATION
Immediate cause of death: Gastroenteritis	9 days
Due to: Unknown	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	1 year

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. H. Lemby M. D. or other
Address Salisbury, Md. Date signed 10/28/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11040

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 3 yr 8 mo. 8 d.

Stay in this community (yrs., or mos., or days) 3 yr 8 mo 8 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Inez Wilson

3. (b) Social Security Number —

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1912

8. AGE: Years 27 Months 10 Days 19 If less than one day hrs. min.

9. Birthplace Crisfield Somerset Co. Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Ira Wilson
13. Birthplace Maryland

MOTHER
14. Maiden name Annie Lawson
15. Birthplace Maryland

16. Informant deceased on admission

Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/31/40 (month) (day) (year)

Cemetery or crematory Asbury Cem.

Location Crisfield, Md.

18. Funeral director J. D. Lawson

Address Crisfield, Md.

19. 10/31, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 2.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/23/37 19 , to 10/31/~~37~~ 40 19 , and that I last saw her alive on 10/31/~~37~~ 40 19 .

Immediate cause of death Pulmonary Tuberculosis — DURATION 11 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Phen M.D.
M. D. or other

Address Salisbury Date signed 10/31/40

RECEIVED
NOV 6 1940
BUREAU V. S.